

Comment Source: name, date, route	Comment	L&I Draft Response	Change Made
<p>Tara Reck</p> <p>Date Received 9/16/2021, email</p>	<p>From my perspective, this new guideline seems to offer some good improvements. For example, I'm happy to see that L&amp;I is focusing on the specific needs of each injured worker and their return-to-work goal. Previously, similar programs seem to follow a <a href="#">“one-size-fits-all” approach</a>. Now, I genuinely believe that work injury claimants will perform much better because the program addresses their individual needs.</p> <p>However, I'm concerned that this guideline falls short of meeting the intent and purpose of the <a href="#">Industrial Insurance Act</a>. Specifically when it comes to this part:</p> <p>“to protect injured workers, to provide them with sure and certain relief for their injuries, and to reduce to a minimum their <i>suffering</i> and economic harm.”</p> <p>With this in mind, I feel strong disheartening when I read the definition of “<i>work disability</i>” in the draft guideline:</p>	<p><b>#1-</b> We appreciate the positive feedback around addressing individual needs.</p> <p><b>#2 – Work Disability and Total Disability</b></p> <p>This may be a confusion of the legal framework of medical disability with the conceptual vision of work disability as a complicating factor. Work disability is not a legal term used for determining impairment, but a description of the motivational factors concurrent with their injury that is developmental in nature, has its own unique contributing factors, and requires its own unique intervention. Using a worker centric approach, providers can help the worker assess what needs to happen next for their recovery.</p> <p>The Handbook of Work Disability Prevention and Management defines work disability as:</p> <p>“Occurring when a worker is unable to stay at work or return to work because of an injury or disease. Work disability is the result of a decision by a worker who for</p>	<p>#1 None</p> <p>#2 None – citations are given in the paper for further reading on the topic.</p> <p>#3 None – extensive focus on pain as part of the treatment and intervention is described.</p>

	<p>“Work Disability is a concept describing the overall societal context of why workers may have continued disability. This model includes the personal aspects (like physical injury and coping strategies of the worker) and places them within a framework of the larger healthcare, legislative and workplace systems; all of which have impact on the benefits, incentives and decision-making for RTW options. Ultimately, these factors influence the worker to make a decision on when, or if, they RTW. Addressing these factors is part of a worker’s recovery and when particular barriers to recovery are identified, efforts can be made to address and work toward satisfactory solutions. This requires proper messaging from all providers about the nature of work disability and methods to foster patient engagement.”</p> <p><b>Concerns and opinion</b></p> <p>First, this definition isn’t consistent with the legal definition of <a href="#">total disability</a>. Beyond that, it demonstrates one of the biggest challenges work injury claimants face during L&amp;I claims.</p>	<p>potential physical, psychological, social, administrative, or cultural reasons does not return to work. While the worker may want to return to work, he or she feels incapable of returning to normal working life. Therefore, after the triggering accident or disease has activated a work absence, various determinants can influence some workers to remain temporarily out of the workplace, while others return, and others may finally not return to work at all. (p. xi)”</p> <p>Acknowledging these factors, of which chronic pain may be one, results in systems like ours embracing and addressing the various determinants that influence the motivational factors behind the workers choice to return to work.</p> <p><b>#3 - Taking pain complaints seriously</b></p> <p>Part of the recommendations in the WRG are to increase education for work rehabilitation providers around pain neuroscience education, which is a specific method of evidence-based approaches to</p>	
--	---	---	--

	<p>Explicitly, having their <u>pain complaints taken seriously</u>. Sure, <u>pain is a subjective complaint</u>. Workers' compensation laws require at least one <u>objective finding</u> to support the extent of a work injury claimant's physical disability. However, treatment providers are not required to rely solely on objective findings.</p> <p>Guidelines like this should do a better job in helping treatment providers understand how to appropriately acknowledge and validate work injury claimant pain complaints. Being in pain doesn't mean that a person doesn't want to get back to work. It also doesn't mean they think of themselves as disabled. Moreover, in my experience, if you treat people after an injury at work as if their pain is driven by disability conviction, return to work avoidance, or secondary gain – that's the best way to destroy the provider-patient relationship. Consequently, there's a very good chance that their treatment will fail.</p>	<p>dealing with chronic pain as part of a physical rehabilitation program (pgs 2, 25, 50). This is intended to result in better overall care for those with chronic pain, as well as improved prevention of development of chronic pain symptoms and is consistent with the request of Ms. Reck for greater provider understanding of working with pain.</p> <p>Additionally, behavioral health support specifically for chronic pain, as well as other reasons, is encouraged within the care planning stages and care team for work rehabilitation, which may include specialist interventions around mind-body concept and cognitive behavioral therapy to address fear avoidance and pain behavior. The intention is to increase communication and coordination around pain care with a chronic pain-informed team. (pgs 8, 11, 17)</p>	
--	---	---	--